

VOLUNTARY SURRENDER
JEANNE SMOOT, R112789; CRNP-GERIATRIC

Gary N. Hicks, MS, RN, CEN, CNE
President, Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215-2254

**RE: Surrender of Certification to Practice as a Certified Registered Nurse Practitioner
- Geriatric**

Dear Mr. Hicks:

I agree to voluntarily surrender my certification to practice as a certified registered nurse practitioner - geriatric ("CRNP-Geriatric") in the State of Maryland, based on license number R112789, to the Maryland Board of Nursing (the "Board"). I understand that, as of the effective date of this Voluntary Surrender, I may not practice as a CRNP-Geriatric, with or without compensation, as it is defined in the Maryland Nurse Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 8-101 *et seq.*, and the Board's regulations, COMAR 10.27.01 *et seq.* In other words, I understand that, as of the effective date of this Voluntary Surrender, I am in the same position as an uncertified individual.

I understand that this Voluntary Surrender shall become a **PUBLIC** record and shall become effective on the date of the Board's acceptance of it. I understand and agree that this letter may be released or published by the Board as a final decision and order under the Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019). I expressly consent to the publication of this Voluntary Surrender, including any and all information that may be protected from disclosure under federal and state law.

On December 16, 2014, I entered into a Consent Order of Stayed Suspension and Probation (the "Consent Order"), which suspended my license to practice as a registered nurse ("RN") and certification to practice as a CRNP-Geriatric but stayed that suspension in favor of a term of probation, subject to numerous terms and conditions. The Consent Order was based on my violations of the Nurse Practice Act, specifically Md. Code Ann., Health Occ. §§ 8-316(a)(8), (25), and (30). At this time, I do not wish to comply with the terms and conditions of probation applicable to my CRNP-Geriatric certification.

I understand that if an evidentiary hearing were to be held, the Board would have sufficient evidence to find that I violated Md. Code Ann., Health Occ. § 8-316(a)(30) ("Violates regulations adopted by the Board or an order from the Board") for failing to comply with the terms and conditions of the Consent Order applicable to my CRNP-Geriatric certification. I further understand that the Board would have sufficient evidence to conclude as a matter of law that I violated the Act and to sanction my CRNP-Geriatric certification accordingly pursuant to § 8-316. Thus, it is my wish to surrender my CRNP-Geriatric certification at this time.

SMOOT, Jeanne (R112789)

**Voluntary Surrender of Certificate to Practice as a Certified Registered Nurse Practitioner
– Geriatric**

In executing this agreement to surrender my CRNP-Geriatric certification to the Board, I agree that I will not apply for reinstatement of my certification for a period of at least **ONE (1) YEAR** following the date of the Board's acceptance of this Voluntary Surrender. I also agree that if, after a period of **ONE (1) YEAR**, I decide to apply for reinstatement of my CRNP-Geriatric certification, I will approach the Board in the same posture as an uncertified individual whose advanced practice certificate has been revoked. I also understand that, in considering any future application for reinstatement of my CRNP-Geriatric certification, the Board may review my entire Board file, including any information the Board receives after execution of this Voluntary Surrender, and require me to undergo medical, psychological, and/or psychiatric evaluations, and/or drug and alcohol testing, to determine my fitness to have my CRNP-Geriatric certification reinstated. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all the Board's requirements for reinstatement of my CRNP-Geriatric certification at the time I submit a reinstatement application.

I further understand that my CRNP-Geriatric certification will remain surrendered unless and until the Board grants reinstatement. I understand that the Board is not required to grant reinstatement. I understand that, if the Board reinstates my CRNP-Geriatric certification, it will be reinstated through the Board's disciplinary process, that my CRNP-Geriatric certification will only be reinstated by the Board's issuance of a public order of reinstatement, and that the Board may, in its discretion, place my reinstated CRNP-Geriatric certification on probation, subject to terms and conditions. **I also understand that this voluntary surrender shall have no effect on the remaining terms and conditions of the Consent Order applicable to my RN license, and that I must continue to abide by those terms and conditions until such time as the Board, in its sole discretion, grants a request to terminate the probation of my RN license or takes any other action that amends or terminates the Consent Order in accordance with the Board's authority.**

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Voluntary Surrender. I understand that, by executing this Voluntary Surrender, I am waiving the right, now and in the future, to any evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law, including the right to appeal.

I acknowledge that I may not rescind this Voluntary Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Voluntary Surrender fully. Finally, I wish to make clear that I have had an opportunity to discuss this matter with legal counsel and that I willingly, knowingly, and voluntarily sign this Voluntary Surrender.

Sincerely,

 4/5/22
Jeanne Smoot, R112789 Date

SMOOT, Jeanne (R112789)

**Voluntary Surrender of Certificate to Practice as a Certified Registered Nurse Practitioner
– Geriatric**

NOTARIZATION

STATE: Maryland

CITY/COUNTY: Carroll

I HEREBY CERTIFY that on this 5th day of April, 2022,
before me, Notary Public of the State and City/County aforesaid, **Jeanne Smoot** personally
appeared and made oath in due form of law that signing the foregoing Voluntary Surrender was
the voluntary act and deed of **Jeanne Smoot**.

AS WITNESSETH my hand and notarial seal.



Catherine L. Henley
Notary Public

My Commission Expires: _____

CATHERINE L HENLEY
Notary Public-Maryland
Carroll County
My Commission Expires
November 04, 2022

SMOOT, Jeanne (R112789)

Voluntary Surrender of Certificate to Practice as a Certified Registered Nurse Practitioner
- Geriatric

ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 27 day of
April, 2022. I accept Jeanne Smoot's public Voluntary Surrender of her certification
to practice as a certified registered nurse practitioner - geriatric in the State of Maryland, based on
license number R112789.

4/27/22
Date

Gary N. Hicks, MS, RN, CEN, CNE
The Board President's Signature
Appears on the Original Document